

ACS
JEF
If it can be done conveniently
I would like to be advised if and
where the results of your findings
become available for review.

To Whom It May Concern:

MAR 26 1975 Park Row East Apartments
Arlington, Texas 76010

700680

I, _____ of Arlington, Texas
(name) (city and state)
being the next-of-kin of _____, do
(name)
hereby authorize the disinterment and examination of the remains of my
late _____, under
(relationship) (name)
the direction of the Center for Human Radiobiology of the Argonne National
Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its
scientific successors, such disinterment and examination to be for the
purposes of advancing medical and scientific research and education. I
authorize the transportation of said remains to Argonne National Laboratory
for the purpose of carrying out such examination and to retain such bone
specimens as the scientific personnel may deem fit. Following examination,
the remains will be returned for reinterment. The grave site will be restored
to its original condition after disinterment and again after reinterment. All
the above procedures will be accomplished at no cost to me.

Signature _____

RECEIVED

APR 02 '75

CHR RECORDS

Witness: _____

Arlington Texas 76010
Address City, State
March 18, 1975
Date

0002850

Arlington, Texas
City, State